

**RHODE ISLAND DEPARTMENT OF
MENTAL HEALTH, RETARDATION AND HOSPITALS**

APPLICATION FOR FACILITY STATUS

Please complete this application and return it to:

Laura Gentile
Rhode Island Department of Mental Health, Retardation and Hospitals
14 Harrington Road – Barry Hall
Cranston, RI 02920-3080

Name of Hospital

Telephone Number

Address of Hospital

Address of Hospital Location to which Psychiatric Patients are Admitted

Type of Facility (General, Specialty)

Licensed Bed Capacity

Number of Psychiatric Beds

Period of Current Licensure by the Rhode Island Department of Health

Signature of Executive Officer

Title

Date

Person to Contact Regarding Application

Telephone Number

BASIS

This application for approval of a hospital as a facility for the inpatient care and treatment of mentally disabled people is based on the Rhode Island Mental Health Law, Rhode Island General Laws § 40.1-5-1 *et seq.* Its purpose is to identify hospital policies addressing the legislative requirements.

GENERAL POWERS AND DUTIES OF MHRH (R.I.G.L. §40.1-5-3)

Section 40.1-5-3 defines the general powers and duties of MHRH to conduct pertinent examination and inquiry into matters related to the methods of government and management of all persons admitted or certified to hospitals with facility status.

In order to execute those powers and duties, MHRH will, at a minimum, conduct an initial monitoring visit of each facility seeking to be approved as a facility for the inpatient care and treatment of mentally ill persons. It may conduct such further monitoring visits as may be indicated. It will require biennial re-application for facility status.

FACILITY REQUIREMENTS

It is expected that the requirements for facility status addressed by the Mental Health Law will be incorporated in the written policy and procedure manual of the applicant, a copy of which is to be supplied by the applicant with this application.

Licensing by the Rhode Island Department of Health, which licenses only those health facilities accredited by the Joint Commission on Accreditation of Healthcare Organizations, shall be considered to constitute satisfactory evidence of the safety and appropriateness of the applicant's physical facilities and the appropriateness of those clinical and administrative processes for maintaining an acceptable level of quality of care.

PAGINATION

The page numbers of this basic application form are 1 through 7. Please number the pages of the policy manual and related material which you submit with it serially from 8. Please indicate a page number when referring to an Appendix or Attachment.

DEFINITION (§40.1-5-2)

Alternatives to admission or certification are identified in §40.1-5-2(15).

Please identify those policies addressing the manner in which the hospital relates to the Rhode Island community mental health system with respect to its role in admission of patients and determination of alternative settings for care. The focus of this section is on the hospital's external relationships, rather than on its internal admission practices.

Please indicate page numbers of your submission on which those relationships are addressed: _____

**ADMISSION OF PATIENTS GENERALLY, RIGHTS OF PATIENTS,
PATIENT'S RECORDS, COMPETENCE OF PATIENTS (§40.1-5-5)**

(2) Forms

The Director of MHRH shall prescribe and furnish forms for use in admission and patient notification procedures.

A copy of each such form is provided to the applicant facility with this application. The applicant's policy and procedure manual should include a copy of each. Their inclusion in the policy and procedure manual is construed to mean their adoption by the applicant for the purposes to which they are directed.

Please indicate the page numbers of your submission on which each of these forms is to be found:

- | | | |
|--------|--|-------|
| MHL 1 | Adult Voluntary Admission Application §40.1-5-6(a) | _____ |
| MHL 1a | Adult Voluntary Admission Successive Application §40.1-5-6(b) | _____ |
| MHL 2 | Voluntary Admission (Minor) §40.1-5-6(a) | _____ |
| MHL 2a | Voluntary Admission (Minor) Successive Application §40.1-5-6(b) | _____ |
| MHL 3 | Adult Voluntary Applicant's Notification Of Intent to Leave §40.1-5-6 (c) (1) | _____ |
| MHL 4 | Notification of Intent to Leave of a Minor by Parent, Guardian or Next of Kin §40.1-5-6 (c) (2) (b) | _____ |
| MHL 4a | Notification of Intent to Leave of a Minor §40.1-5-6 (c) (2) (b) | _____ |
| MHL 5 | Notification of Patient of Decision to File Application for Civil Court Certification §40.1-5-6 (c) (1) | _____ |
| MHL 6 | Notification of Legal Guardian of Decision to File Application for Civil Court Certification §40.1-5-6 (c) (1) | _____ |
| MHL 8 | Rights of Patients §40.1-5-5 (3) (f) and §40.1-5-6 (e) | _____ |

MHL 8a	Rights of Voluntary Patients – Periodic Review §40.1-5-6 (e)	_____
MHL 8b	Voluntary Admission – Successive Voluntary Applications §40.1-5-6(b)	_____
MHL 9	Intent to Leave Blank Forms §40.1-5-6 (e)	_____
MHL 10	Notification of Patient and Guardian of Results of Periodic Review §40.1-5-10 (c)	_____
MHL 11	Application for Emergency Certification §40.1-5-7 (a) (2)	_____
MHL 13	Notification of Additional Rights to Patients Admitted on an Emergency Certification §40.1-5-7 (2) (f)	_____
MHL 14	Notification of Additional Rights to Parents, Guardian or Next of Kin of Patients Admitted on an Emergency Certification §40.1-5-7 (2) (f)	_____
MHL 15	Civil Court Certification – Contents of Petition §40.1-5-8 (b)	_____
MHL 16	Psychiatrist’s Certificate §40.1-5-8 (c)	_____
MHL 17	Denial of Request for Discharge §40.1-5-11 (b)	_____
MHL 18	Incident Report (also referred to as LIC1) §40.1-5-40.1	_____

(3) Rights of Patients

The fourteen (14) specific rights of patients under the Mental Health Law are identified in Rhode Island General Laws §40.1-5-5 (f).

Please indicate the pages of your submission on which those fourteen (14) rights are addressed: _____ .

(4) Records

The requirements for a comprehensive medical record are identified in Rhode Island General Laws §40.1-5-5 (g).

Please indicate the page numbers of your submission on which those requirements are addressed: _____ .

(5)Competence

The requirements of policies dealing with patient competence are identified in Rhode Island General Laws §40.1-5-5 (h).

Please indicate the page numbers of your submission on which those requirements are addressed: _____ .

VOLUNTARY ADMISSION (§40.1-5-6)

(a) General, (b) Period of Treatment, (c) Discharge

The requirements for admitting a voluntary patient, establishing the maximum period of treatment, and discharging a patient are identified in paragraphs (a), (b) and (c).

Please indicate the page numbers of your submission on which those requirements are addressed:

- (a) General _____
- (b) Period of Treatment _____
- (c) Discharge _____

(d) Examination at Facility

The requirements for examination of voluntary patients are identified in paragraph (d).

Please indicate the page numbers of your submission on which those requirements are addressed: _____ .

(e)Rights of Voluntary Patients

Requirements for informing voluntary patients of their status and rights are identified in paragraph (e).

Please indicate the page numbers of your submission on which those requirements are addressed: _____ .

EMERGENCY CERTIFICATION (§40.1-5-7)

The requirements regarding emergency certification are identified in paragraphs (a), (b), (c), (f) and (g).

Please indicate the page numbers of your submission on which those requirements are addressed:

- (a) Applicants _____
- (b) Applications _____
- (c) Confirmation – Discharge - Transfer _____
- (f) Notification of Rights _____
- (g) Period of Treatment _____

CIVIL CERTIFICATION (§40.1-5-8)

The requirements regarding civil certification are identified in paragraphs (a), (b), (c) and (j).

Please indicate the page numbers of your submission on which those requirements are addressed:

- (a) Petitions _____
- (b) Contents of Petitions _____
- (c) Certificates of Contents _____
- (j) Order _____

RIGHT TO TREATMENT – TREATMENT PLAN (§40.1-5-9)

The requirements regarding right to treatment and treatment plans are identified in paragraphs (a) and (b).

Please indicate the page numbers of your submission on which those requirements are addressed:

- (a) Nature of Treatment Plan _____
- (b) Use of Treatment Plan _____

PERIODIC INSTITUTIONAL REVIEW PROCEEDINGS (§40.1-5-10)

The requirements for periodic review of patient condition and status are identified in paragraphs (a), (b) and (c).

Please indicate the page numbers of your submission on which those requirements are addressed:

- (a) In General _____
- (b) Frequency _____
- (c) Results of Review _____

DISCHARGE – RECERTIFICATION (§40.1-5-11)

The requirements regarding discharge and re-certification are identified in paragraphs (a) and (b). Paragraph (c), recertification petition is applicable only to Eleanor Slater Hospital.

Please indicate the page numbers of your submission on which those requirements are addressed:

- (a) Conditions of Discharge _____
- (b) Denial of Discharge _____
- (c) Re-Certification Petition (ESH Only) _____

OTHER REQUIREMENTS

The policy and procedure manual should include policies and procedures in accordance with the requirements of the following sections of the Mental Health Law.

Please indicate the page numbers of your submission on which those requirements are addressed:

§40.1-5-26	Disclosure of Confidential Information and Records	_____
§40.1-5-27	Release of Information to Patients Family	_____
§40.1-5-27.1 (as amended)	Disclosure by Mental Health Professional See also attached Rules and Regulations, Disclosure of Information to Family Members or Other Co-Habitant Caregiver	_____
§40.1-5-28	Notice of Disappearance of Patient	_____
§40.1-5-29	Record of Disclosure	_____
§40.1-5-32	(3) and (5) Transfer of Patients	_____
§40.1-5-33	Payment for Care and Treatment (ESH Only)	_____
§40.1-5-35	Support of Poor/Indigent Patients (ESH Only)	_____
§40.1-5-37	Service of Process on Patients	_____
§40.1-5-40	Disciplinary Action Against Employees of Facilities	_____
§40.1-5-40.1	Duty to Report	_____

HIPAA COMPLIANCE

Please indicate where your facility's HIPAA privacy policies are located within you policies and procedures _____

NOTE:

For all forms required by the Office of the Mental Health Advocate:

Fax to:

401-462-2008

Mailing Address:

John O. Pastore Center
Louis Pasteur Bldg. 57 Howard Ave.
Cranston, RI 02920